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CONFIRMATION NO. 8554

SERIAL NUMBER 10/785,473	FILING OR 371(c) DATE 02/24/2004 RULE	CLASS 705	GROUP ART UNIT 3691	ATTORNEY DOCKET NO. AI 7391 C1
APPLICANTS James F. Allsup, Belleville, IL; Scott P. Poston, Millstadt, IL;				
** CONTINUING DATA ***** This application is a CIP of 09/629,323 07/31/2000 PAT 7,260,548 which claims benefit of 60/189,551 03/15/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/15/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY IL	SHEETS DRAWING 11	TOTAL CLAIMS 28
Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 10
ADDRESS 1688				
TITLE LONG TERM DISABILITY OVERPAYMENT RECOVERY SERVICE WITH INTERACTIVE CLIENT COMPONENT				
FILING FEE RECEIVED 868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	